

8858

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County _____
 District _____
 Town _____
 Or City _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. **131**

ORIGINAL CERTIFICATE OF DEATH

County Registered No. _____

Local Registrar's No. **4376**

No. **19th Ave & Maryland Ave**
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME **Charles B. Deatrick**

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** Color or Race **White** SINGLE ☒ MARRIED
 Black ☐ Indian ☐ WIDOWED
 Chinese ☐ or DIVORCED
 Mexican ☐

DATE OF BIRTH _____ 191____
 (Month) (Day) (Year)
Sept 36 yrs. mos. days hrs., or min.

OCCUPATION **Contractor & Builder**
 (a) Trade, profession or particular kind of work
 (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) **Ky**
 NAME OF FATHER **Unknown Deatrick**
 BIRTHPLACE OF FATHER (State or country) **Unknown**
 MAIDEN NAME OF MOTHER **Unknown**
 BIRTHPLACE OF MOTHER (State or country) **Unknown**

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **C. D. Burch**

(Address) **Phoenix Ariz**

PLACE OF BURIAL OR REMOVAL **Greenwood** DATE OF BURIAL OR REMOVAL **1/24** 19**16**

UNDERTAKER **Robert M. Lellan** ADDRESS **379 W. Adams**

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **Jan 15** 19**16**
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from **Jan 15/16** 191____ to _____ 191____; that I last saw him alive on **Jan 15/16** 191____ and that death occurred on the date stated above at **10 P.M.** The DISEASE or INJURY causing

Death was as follows: **chronic valvular heart disease**

(Duration) **1** yrs. mos. days

Was disease contracted in Arizona? **no**

If not, where? **Washington & Idaho**

CONTRIBUTORY (Duration) _____ yrs. mos. days

(Signed) **J. E. Plath** (Address) **Phoenix**

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death _____ yrs. mos. ds. in Arizona _____ yrs. mos. ds.

Former or Usual Residence **Idaho**

Filed **Jan 14** 191____ **H. B. Baughman** Local Registrar
 Filed _____ 191____ **A. B. [Signature]** County Registrar